

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST SAINT LOUIS DIVISION

SCANNED at MENARD and E-mailed
2-7-22 by RM 26 pages
Date Initials No.

LAMAR ANDERSON,

Plaintiff,

vs.

Case No:

Jury Trial Demanded

WEXFORD HEALTH SERVICES, ANTHONY WILLS,
DOCTOR MUHAMMED SIDDIQUI, DOCTOR CALDWELL,
MICHAEL MOLDENHAUER, ANGELA CRAIN, AND
AMY LANG, et al.;
Defendants.

22-221-SPM

ORIGINAL COMPLAINT

Plaintiff, Lamar Anderson ("Plaintiff"), Pro Se, with his original complaint under the Civil Rights Act, Title 42, Section 1983 of the United States Code ("Section 1983") against Defendants Wexford Health Services, (Wexford), Warden Anthony Wills, (Warden Wills), Doctor Muhammed Siddiqui, (Doctor Siddiqui), Doctor Caldwell, (Doctor Caldwell), Nurse Practitioner Michael Moldenhauer, (Nurse Practitioner Moldenhauer), Nurse Angela Crain, (Nurse Crain), and Nurse Amy Lang (Nurse Lang). Collectively are Defendants States as follows:

I. JURISDICTION AND VENUE

1. This is a civil rights action to redress the deprivation under color of State Law of rights, Privileges, and immunities secured to the Plaintiff by the First, Eighth, and Fourteenth Amendment Rights of the United States Constitution and 42 U.S.C. § 1983.
2. This Court has Jurisdiction to 28 U.S.C. §§ 1331, 1343 (a) (3) and (4) the asserted rights and interest of the Plaintiff Exceed one hundred thousand dollars (\$100,000.00) Exclusive of interest and cost.
3. This action Properly lies Within this Judicial District Under the Provision of 28 U.S.C. §§ 1391 (b) and 1406 (b).

II. PLAINTIFF

4. Plaintiff Lamar Anderson Prison Identification Number #M32519 is currently confined at Menard Correctional Center (Menard) P.O. Box 1000 Menard, Illinois 62259.

III. DEFENDANTS

5. Defendant Wexford Health Services, is the company that is legally contracted by the Illinois Department of Corrections to adequately provide medical treatment to all inmates in the custody and care of Illinois Department of Corrections including the Plaintiff are mentioned in this complaint as a defendant.
6. Defendant Anthony Wills, is the Warden at Menard Correctional Center. He is legally responsible for the overall operation of the facility and is appointed by the Director of Illinois Department of Corrections. His duties consist of making sure that every inmate in Menard Correctional Center receive what the law allows inmates to have. He is also mentioned in this complaint as a defendant.
7. Defendant Doctor Muhammed Siddiqui, is a doctor at Menard Correctional Center who is legally under contract to provide adequate medical care to all individual in the custody and care of Menard Correctional Center including this Plaintiff which he refused to do is name as a defendant in this complaint.
8. Defendant Doctor (John Doe) Caldwell, is a doctor who is legally under contract to provide adequate medical treatment to all inmates in the custody and care of Menard Correctional Center including this Plaintiff which he refused to perform his duties as a doctor. He is mentioned in this complaint as a defendant.
9. Defendant Michael Moldenhauer, is under contract as a Nurse Practitioner for the individuals in the custody and care of Menard Correctional Center including the Plaintiff who saw him on numerous occasions. But he refused to provide the proper medical treatment this Plaintiff need. He is also mentioned in this complaint as a defendant.
10. Defendant Angela Crain, is a Nurse under contract to provide adequate medical care to all the individuals in the custody and care of Menard Correctional Center including the Plaintiff. Her duties consist of doing Sick call Passes, Passing out Medication, taking vitals, referring inmates to see the doctors and Nurse Practitioner to receive the adequate medical treatment we need. She is mentioned in this complaint as a defendant.
11. Defendant Amy Lang, is a Nurse under contract to provide adequate medical care to all the individuals in the custody and care of Menard Correctional Center including this Plaintiff. Her duties consist of doing Sick call Passes, Passing out

Medication, taking Vitals, referring inmates to see doctors and Nurse Practitioner to receive the adequate Medical treatment we need. She is mentioned in this Complaint as a defendant.

12. Each Defendant is being Sued in their individual and official capacities.

IV. STATEMENT OF FACTS

13. This Plaintiff has Eczema causing his skin to crack, bleeding and itching nonstop suffering needlessly in pain this had been going on for over 7 years now and all the defendants knew about my skin condition and my pain. All this started in Stateville Correctional Center and the doctors in that institution tried every treatment for my skin condition nothing worked until they put me on Benadryl and ointment that they gave work. Plaintiff was transferred to Pontiac Correctional Center as soon as my Benadryl prescription ran out the nurses and doctors in Pontiac try a different treatment with other medication. But the facts of the matter is none of the other medication worked so Pontiac put me back on Benadryl and the cream. The medical staff wrote this in my medical files.
14. This Plaintiff was transferred to Menard Correctional Center on December 4, 2016. Once my Benadryl prescription ran out the medical staff in Menard Correctional Center refused to renew my prescription saying that they were going to try another kind of treatment for my skin condition Eczema which they knew was not going to work. So, as soon as Plaintiff filed a grievance about them the medical staff refused to renew my Benadryl prescription the defendants and the medical staff renewed my Benadryl prescription. (SEE EXHIBIT A for a copy of the grievance I wrote).
15. Plaintiff again was DENIED his Benadryl prescription when his supply ran out by the defendant Nurse Lang personally deny me Benadryl saying that they are going to try another medication which she knew that will not work for my Eczema skin condition causing me to suffer needlessly in pain. So, Plaintiff put in to see the doctor I spoke to the defendant doctor Siddiqui, Doctor Caldwell and Nurse Practitioner Moldenhauer letting them all know that this alternative treatment they are trying for my skin condition is not working. Everytime I take a shower my skin is dry cracking, bleeding, and itching. But to no avail however, they refused to renew my Benadryl prescription. So, this Plaintiff wrote another grievance about this issue again the defendants renewed my Benadryl prescription. As you can clearly see there is a pattern of the defendants playing games with my Benadryl prescription causing Plaintiff to suffer needlessly in pain. (SEE EXHIBIT B for a copy of the grievance I wrote about my medicine).

16. Plaintiff Benadryl Prescription Expired and the defendants refused to renew my Benadryl Prescription Even though the defendants knew that all the other Medicine they tried did not work they also knew that the only thing that work for my Eczema Skin condition is Benadryl and Cream to dry my skin stop the bleeding and itching. All the defendants knew this yet they still refused to renew my Benadryl and Cream Prescription. The defendant Crain even lied and stated that I did not have a rash at this time. As soon as this Plaintiff filed a grievance about not getting his Benadryl Prescription, the defendants again renew my Benadryl Prescription. But they refused my Ointment Prescription. This behavior clearly demonstrated that the defendants are playing games with my health. (SEE EXHIBIT C for a copy of the grievance I wrote).
17. The Benadryl Prescription the defendants refill Expired again they refused to renew my Prescription causing Plaintiff to suffer for no reason with needless pain. Again the Plaintiff wrote another grievance but to no avail again the defendants are playing games with my health by refusing to send me offside to see a dermatologist to evaluate my skin condition then they the grievance officer conspired with the defendants and deemed Plaintiff's grievance as moot affixed her signature on this grievance and the defendant Anthony Willis concurred with the grievance officer and affixed his signature to that MOOTNESS finalizing the institutional remedies in regard to this grievance optional # 236-10-21 denying Plaintiff his First Amendment rights. (SEE EXHIBIT D for a copy of this grievance the Plaintiff wrote and their response).
18. On November 8, 2021 Plaintiff appeal the denial of this grievance to the Administrative Review Board. They DENIED the Plaintiff's grievance stating that treatment is at the discretion of the IDOC physician follow proper protocol for medication renewal. Submit NSC for future medical concerns. Denying Plaintiff his First Amendment rights refusing to truly address the grievance and make the medical staff to perform their duties. (SEE EXHIBIT E for a copy of the ARB's response).
19. The defendants do not renew other Prisoner Prescription when their medicine ran out without them having to file a grievance to get the defendants to renew their medicine when their prescription expired which clearly violates the Equal Protection Clause.
20. Plaintiff is in great physical pain because the defendants refused to give me the adequate medical care. Plaintiff needs they delay my medicine for no reason. Defendants are canceling the Plaintiff's medical writs, refusing to refill the proper medicine when the prescription ran out and denying him adequate medical treatment for his Eczema skin condition. Defendants had demonstrated a pattern of intentional and reckless conduct, their behavior shows deliberate indifference to Plaintiff's serious medical needs.

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21. Plaintiff has Exhausted all of his available Administrative Remedies as required Under the Prison Litigation Reform Act. (PLRA).

22. Defendants had Caused Plaintiff Lamar Anderson to Suffered needlessly in Pain and they continued to delay Plaintiff Medicine he need for his Eczema Skin Condition for no legitimate reason denying Plaintiff access to adequate Medical treatment, deemed my grievances moot continued to Play games with Plaintiff health which all violated Plaintiff's First, Eighth, and Fourteenth Amendment Rights Under the United States Constitution.

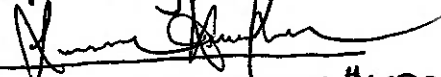
WHEREFORE, Plaintiff Lamar Anderson Prays that this Court:

- A. Order Each defendant liable for violation of Section 1983;
- B. Order Each defendant to Pay Plaintiff damages in a amount of atleast \$100,000.00 to be Proven at trial; and
- C. Order Such further relief as this Court deems Just and proper.

V. DEMAND FOR A JURY TRIAL

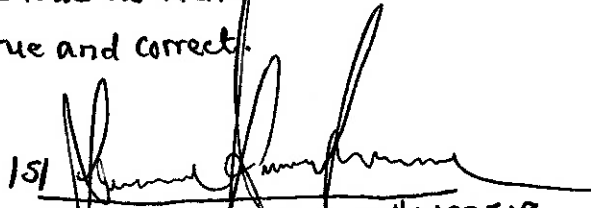
Plaintiff hereby request a trial by a Jury

Respectfully Submitted

15/ 
LAMAR ANDERSON #M32519
MENARD CORRECTIONAL CENTER
P.O. BOX 1000
MENARD, ILLINOIS 62259

VERIFICATION

I, Lamar Anderson, has read the foregoing Complaint and hereby verify that the Matters Stated herein are true and correct Except to matters alleged on information and beliefs, as to those I believe them to be true as well.
I certify Under Penalty of Perjury that the foregoing is true and correct.

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LAMAR ANDERSON #M32519

MENARD CORRECTIONAL CENTER

P.O. BOX 1000

MENARD, ILLINOIS 62259.

Menard Library

Memo

To: All Northern, Southern and Central Federal Court
Buildings
From: Menard Law Library
Date: February 2, 2022
Re: E-File Service from Menard Correctional Center Law Library

We have been experiencing a malfunction with our E-file
scanning machine since January 25, 2022. This E-file request
was received in our library on JAN 26 2022, 2022.

This malfunction has been corrected on February 2, 2022.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST SAINT LOUIS DIVISION

LAMAR ANDERSON,
Plaintiff,

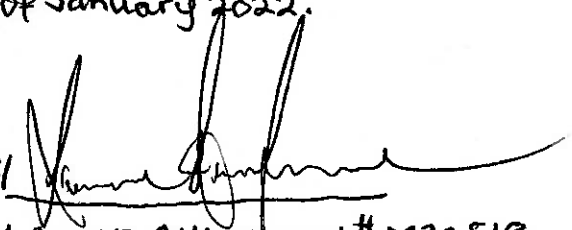
Case No:

VS.

WEXFORD HEALTH SERVICES, et al.,
Defendants.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that the foregoing Plaintiff original complaint was filed through Electronic Filing at the Prison Law Library at Menard Correctional Center on the 26 day of January 2022.

18/ 

LAMAR ANDERSON # M32519
MENARD CORRECTIONAL CENTER
P.O. BOX 1000
MENARD, ILLINOIS 62259



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Anderson, Laman
Name

M32519
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? Yes or No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition? Yes or No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case? Yes or No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted: 26

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document	Number of Pages
- Original Complaint	7
- Exhibits	19
_____	_____
_____	_____

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.

EXHIBIT A

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

W-3-13

Date: <u>2-1-17</u>	Offender: (Please Print) <u>Lamar Anderson</u>	ID#: <u>M-32519</u>
Present Facility: <u>Menard</u>	Facility where grievance issue occurred: <u>Menard</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer/Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer/denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I Bring this grievance pursuant to AO IAC Section 504.810
As is my Right when I have A issue or situation or Complaint
that could not be resolved informally. The purpose of this grievance
is Because I've Been Denied Medication that I am in need of.
I was Transferred here To Menard in Dec. 2016 on the 7th
Previously in Stateville and Pontiac I was prescribed Benadryl
for my Eczema. After trial 3 ERROR And trying different Medicat
ions 3 ointments, Benadryl is the only Medication that works. For
The first two weeks of me being here in Menard I was given Benadryl

Relief Requested: I want to be given the medication, I seek monetary Damages
for each day I've gone without my medication And hold the Right
to file A 1983 For this Violation

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] ID#: M-32519 Date: 2-1-17

(Continue on reverse side if necessary)

Received by [Signature] → **Counselor's Response (if applicable)**

Date Received: 2-1-17 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: See Attached Memo From the Health Care Administrator.

Print Counselor's Name: COE J. Vasquez Counselor's Signature: [Signature] Date of Response: 2-1-17

EMERGENCY REVIEW

Date Received: 1/1/17 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: _____ Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

FOR my Eczema, From Pontiac. After two weeks I WAS TAKEN OFF OF Benadryl AND WAS GIVEN NOTHING TO ATTEMPT TO REPLACE it. Even though I Have A Chronic Condition, I had to pay \$5 to be seen By the Doctor. I showed Her my skin And Asked why WAS I TAKEN OFF OF the Benadryl When you can see I clearly need it? She said there WAS Nothing She could Do Because The policy is that Benadryl only get passed out and prescribed By a mental Health Doctor. I told Her That Didn't make Sense Because Stateville & Pontiac Doctors prescribed me Benadryl And for the first two weeks of my Arrival To Menard I WAS given Benadryl. Once Again She stated there WAS Nothing She can Do and that I will have to speak to A mental Health Doctor.

I Have Eczema Really Bad and without the Benadryl my skin cracks & Bleeds and Forms Scars & Scars. This of which I showed the Doctor Here in Menard. I itch nonstop All over my Body To the point it's painful. There is nothing I can do to sooth it except to take the Benadryl. I can't sleep And to have cloths on is like Having Razors Rubbed Against my skin. There is no Excuse To Be taken off Benadryl when I WAS put on it By Both Stateville & Pontiac Doctors And my Medical Record shows that I need it. Even though the Doctor didn't even Attempt to provide me with anything to help me with My condition As it stands ~~with~~ Right now. I have not received or Been given anything For my Eczema Since Being Taken OFF of the Benadryl. That WAS Back in December it is now February. How Much longer do I have to Suffer? ~~DO NOT~~



The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: 2/24/17

TO: L. Anderson M32519

FROM: Grievance Office, Menard Correctional Center *DD*

SUBJECT: Grievance(s) dated 2/1/17 regarding Medical Treatment, Medications

The attached is being returned for the reason(s) listed below:

X Contact your Correctional Counselor. Per D.R 504 Grievances, "A committed person shall first attempt to resolve incidents, problems or complaints, other than complaints concerning disciplinary proceedings, through his counselor".

Use proper Committed Person's Grievance Report Form (DC 0046).

Forward grievance direct to the Administrative Review Board. (protective custody, enforced medication, disciplinary reports from other facilities, decisions rendered by the Director, etc.).

Not submitted in the timeframe outlined in Department Rule 504; therefore, issue will not be addressed further.

Unable to determine nature of grievance/correspondence. Submit additional specific information.

Illegible copy submitted – submit legible copy for consideration.

Request restoration of GCC, segregation time cut, grade restoration to the Adjustment Committee. If request is denied, utilize the grievance process for further consideration.

Issue has been previously addressed on Grievance N°. No justification for further consideration.

Contact the Record office with your request and/or additional information (sentence calculations, jail credits, etc.).

Address concerns to Illinois Prisoner Review Board, 319 East Madison St. Suite A, Springfield, Illinois 62706 (executive clemency, parole violation issues, etc.).

This is to inform you that your Grievance was deemed a Non-Emergency by the CAO. Please follow proper procedure per DR 504 f Grievance Procedures for Offenders & AD 04.01.114 Local Offender grievance procedures.

Grievance was not completed prior to your transfer. If this is still an issue, forward to the ARB.

Other:

Bruce Rauner
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: February 21, 2017

TO: Anderson, Lamar
M32519

FROM: Gail Walls, RN
Health Care Unit Administrator

SUBJECT: Grievance dated 2/1/17

I have reviewed your grievance and offer the following:

I have you scheduled for a re-evaluation of Benadryl. The Health Care Unit does not award monetary damages.

If you have any further problems, please follow procedure and put in for sick call so they can be addressed.

Gail Walls, RN
Health Care Unit Administrator

cc: File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

EXHIBIT B

OFFENDER'S GRIEVANCE

Date: <u>3-16-18</u>	Offender: (Please Print) <u>LAMAR ANDERSON</u>	ID#: <u>M-32519</u>
Present Facility: <u>Menard</u>		Facility where grievance issue occurred: <u>Menard North upper 5397</u>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
		<input type="checkbox"/> HIPAA
		<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Disciplinary Report: _____ Date of Report _____ Facility where issued _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):		
<p><u>I Bring this grievance pursuant to 20 JAC Section 504.110 As my Right when I Have A</u> <u>issue or situation or complaint that is not being Resolved informally. The purpose</u> <u>of this grievance is Because im being put on Medication for my Eczema (which i have</u> <u>Really Bad) But im being put on for a period of time, Im being Taken off with</u> <u>no follow up or nothing, I went thru the different medication and Ointments</u> <u>Bendryl is the only thing thats works. After being Taken off my Medication</u> <u>(Bendryl) weeks ago, I wrote Back to Health ^{CARE} 2 weeks later cause i was</u> <u>Starting to "itch" Again, I seen the nurse, The nurse put me In to see</u> <u>The Doctor, I was seen By Doctor "Howie" me in him had a talk, I told</u></p>		
Relief Requested: <u>I want to be given medication, I want my skin tested, I seek monetary</u> <u>Damages. For Each Day I've gone without my medication, And hold the right to</u> <u>file A 1983 For this Violation</u>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature: <u>[Signature]</u>		ID# <u>M-32519</u> Date <u>3, 16, 18</u>

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____	
Print Counselor's Name _____	Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____ Date _____	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

My problem, I itch Really Bad, I Showed Him my skin (The nurse
AZ well) By lifting my shirt, you can see it clearly, My skin cracks, Bleeds
And Forms Sores in Sores it's to a point it's painful, Now As i was
Seen By Doctor "Howie" I told him check my medical chart, Dated All
the way Back to 2015 i Been on Benadryl for this some Reason, He told
me Menard only give Benadryl out for Mental Health OR prescribed By the
Mental Health Doctor, I came from Stateville to Pontiac to Here in
Menard, The other two Jails (Stateville, Pontiac) Prescribed me with
Benadryl, After Taken me thru different Medication Both Jails gave me
Benadryl for 60 to 90 days in check Back with me After the Act To
see How the meds it's working, Since i Been down Here in Menard i Have
Not Been checked on, So i Ask Doctor Howie can my skin Be tested in
i want to Be put Back on my meds "Benadryl" Doctor Howie said He
can give me Benadryl for "3 Days", Benadryl WENT Even start to work
in 3 days which i told him, He told me there's nothing He can do cause
Once again He said Benadryl is Prescribed By Mental Health, Prescribing
me for 3 days is not Helping me when my Record shows Everytime i was
put on it, Been for months, In and the other Jails i got checked on After
the time Expire, I mean u can Really see my Eczema, I Itch Really Bad
What i got to do? Play Krazy To get Medical Needs for ~~Change~~ A Pill
that was design for A "Allergic Reaction" I'm just not understanding this.
I'm suffering, Being taken off of Benadryl, Not Being seen, Study
Writing Kite's (Book calls) to Be Seen About the Same Situation that's
A on going Situation, Talk to Counselor, She say write to sick call
I'm paying \$5 Half the time for the same Situation, Go See the Doctor,
How much longer do i got to suffer? I'm willing to take A skin test
cause im tired of Being taken off the medication this Jail don't want
To Pass out for medical Reasons.

EXHIBIT C

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

NOV 18 2019

W9-09

Date: 11-14-19	Offender: (Please Print) LAMAR ANDERSON	ID#: M-32519
Present Facility: MENARD	Facility where grievance issue occurred: MENARD	

NATURE OF GRIEVANCE:

191-11-19

☒ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify):
☐ Disciplinary Report: 11, 14, 19 MENARD
Date of Report
Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

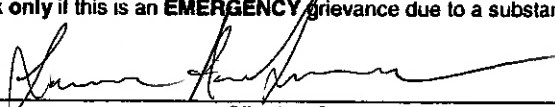
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

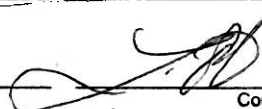
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I bring this grievance to you, as it is my right when I have a issue or situation, (same on going issue) My thing is I went thru all the trials, steps of seeing Doctor's and taking Meds, in trying CREAMS for my ECZEMA. After taking different medication & ointments I was prescribed Benadryl, which works for me, I was previously at two other jails, Stateville & Pontiac I went thru all the trials with them two jails first. In they gave me Benadryl, I come here to Menard had to go over everything I went thru in the last two jails, all the trials & steps, Menard didn't or doesn't want to give me Benadryl because it's being used for mental only, so I was willing to risk my skin to

Relief Requested: I seek Monetary Damages for each day I went without my medication I was prescribed to me, And I want to hold the right to file a 1983 for this violation

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature:  ID#: M-32519 Date: 11, 14, 19

(Continue on reverse side if necessary)

Date Received: 11, 18, 19	Counselor's Response (If applicable)	
<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	Response: See attached response from the HCU.	
Print Counselor's Name: L. Phelps	Counselor's Signature: 	Date of Response: 11/18/20

EMERGENCY REVIEW	
Date Received: 1 / 1	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: 1 / 1

OFFENDER'S GRIEVANCE (Continued)

get tested, There for Menard Have to call in a Skin Doctor, The Skin Doctor came in, check my file, check my skin, In HE confirm that I CLEAR HAVE ECZEMA, Which HAVE A MIND of it Own, Where it's Cause ME To Flare up & Itch Really Bad, Now the Doctors Here (DR. SIDDIQUI) GAVE ME Benadryl & Some cream to treat my issue After Seeing the Outside Skin Doctor HE put it in my file for me To get the SAME AFTER 6 months i Suppose To get check on, But instead I HAVE to keep writing Kite's to Health CARE, Which there Not Responding to, (Cause they know my issue already) I HAVE To pay \$5 To the Nurse just to do A check up in get sent to the Doctor which should know my problem already Cause it's Right there in my file, When i don't get the Meds that was prescribed to me i Itch which Cause my skin to Crack & Bleed And Forms to Scars & Soars which I Show the Doctor's & Nurses Everytime i pay \$5 to see them, My thing is this, IF my file was to get check, you will SEE this my Main issue, you put me on A Meds. that u do Not want to give me, But when i do get on the Meds in it Expired, I don't get check on to see is it working For me OR No Follow up's At All, But i tell u All this is A Real Chronic issue, the other two MAX Jails Agreed, the Outside Skin Doctor Agreed Except Menard Doctor's, I'm tired of Suffering in this Jail.

LAMAR ANDERSON
LAMAR ANDERSON
LAMAR ANDERSON

EXHIBIT D

JB Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: March 3, 2020

TO: Lance Phelps, Corrections Counselor

FROM: Angie Crain, RN, HCUA

SUBJECT: Offender Anderson, Lamar M32519 Grievance 191-11-19

Dr. Siddiqui and I are in receipt of Offender Anderson, Lamar M32519 Grievance 191-11-19 dated 11/14/2019 regarding medical treatment. Offender grieves not receiving his Benadryl medication when it runs out. Per review of the offender's Medication Administration Record, the offender had a active order for Benadryl from 07/24/19 – 10/21/19. Per consultation with the pharmacy, the offender received #60 tabs of Benadryl on 07/24/19, 8/16/19, and 09/14/19. The offender received #24 tabs of Benadryl on 10/09/19 to complete is order which was set to expire on 10/21/19. It is the offender's responsibility to monitor the expiration date of his medication orders and submit a written request to NSC for medication renewal. The offender received a new order for Benadryl on 11/27/19 and resumed his medication on 11/30/19. The offender's medication is being delivered Direct Observation Therapy and the offender has received his daily AM & PM doses since 11/30/19. No other requests regarding Benadryl have been received from the offender at this time. Offender should utilize nurse sick call protocol if any further issues.


Dr. Siddiqui, Facility Medical Director


Angela Crain, RN, HCUA

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

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EXHIBIT E

OCT 20 2021

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Housing Unit: N Bed #: 12

Date: 10/18/21	Offender: (Please Print) LAMAR ANDERSON	ID#: N-32519
Present Facility: MENARD	Facility where grievance issue occurred: MENARD	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Medical Treatment

I'm writing this grievance concerning my medical treatment, which is about my skin. I was placed on Benedryl Back in 2015 in Stateville. After going thru trials of other medz, I have Eczma very bad, I broke out in Hives to where I itch really bad. If any thing like my cloths or underwear or socks on my skin for too long I get itching really bad like it burn my skin. So Stateville place me on Benedryl which was worked for me, I left Stateville went to Pontiac went thru the same thing diff. medz they seen it didn't work gave me my medz (Benedryl) Back. I leave Pontiac came down here to Menard had to go thru the grievance process just to see the skin doctor which he confirm

Relief Requested: To see the skin doctor, or a medical judge, I want to have my rights to file a 2-1401 about this on-going situation I been having for the past 6 years. This is a EMERGENCY, I'm in pain

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Offender's Signature: _____ ID#: N-32519 Date: 10, 18, 21

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: ____/____/____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL, 62794-9277

Response: _____

Print Counselor's Name: _____ Counselor's Signature: _____ Date of Response: ____/____/____

EMERGENCY REVIEW

Date Received: 10, 21, 21 Is this determined to be of an emergency nature? ☒ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: _____ Date: 10, 21, 21

Distribution: Master File; Offender

Page 1

DOC 0046 (1/2018)

" I'm in Pain, I'm Bleeding when I itch my skin because " (Eczema)




Housing Unit _____ Bed #: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

That I have Eczma, which have a mind of it's on that make me break out in itch all over my body. He checked my chart seen the medz I was giving in he put me back on Benadryl along with some cream (can't pronounce name) when I run out of Benadryl all I had to do was put in. The nurse or doctor never even call me when my medz run out, I be left with nothing but pain from itching, bleed spots in my underwear, in shirts, in scars on my skin. The last doctor I seen down graded my medz to one a day in he told me he will put me in to see the skin doctor, which I have not seen yet. The medz ran out a week ago I am a doctor to even check on me this was Doctor Moldenhauer & ~~Witter~~ I'm place in seg under investigation I've been a week now, they have not let me get my cream, so I stop the nurse's in put in for a sick call, my skin is cracking, bleeding, itching really bad in I was told that me getting the Benadryl was a one time thing when I been on this same medz since 2015, which is in my file, Meward in IIRC is using Benadryl for to put people to sleep, that pill was design for Allergen Reaction which is what im having after taking it for a week it won't have the sleepiness affect, it just works thru ur body on the disease, It is 2021, I ask to have my skin tested or ask a real Medical Judge or Doctor to look into this situation.

N2-3-53

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report	
Date Received: <u>10/21/2021</u>	Date of Review: <u>10/21/2021</u> Grievance # (optional): <u>236-10-21</u>
Offender: <u>Anderson, Lamar</u>	ID#: <u>M32519</u>
Nature of Grievance: <u>Medical Treatment</u>	
<p>Facts Reviewed:</p> <p>Individual in custody submitted a grievance dated 10/18/2021 and grieves he has eczema and he needs Benadryl and cream. He states he has been in restricted housing under investigation for a week and has not received his cream. He states his skin is cracking, bleeding, and itching.</p> <p>Relief Requested: "To see the skin Doctor, or a medical Judge, I want to have my rights to file a 2-1401 about this on-going situation I been having for the past 6 years, this is a Emergency, I'm in pian."</p> <p>Grievance #236-10-21 was received on 10/20/2021 and marked emergency by the offender. It was deemed of emergency nature by the Warden on 10/21/2021 and returned to Grievance Office for processing on 10/21/2021.</p> <p>Forward the grievance to the HCU for review on 10/25/2021.</p> <p>Continued on back page...</p>	
<p>Recommendation:</p> <p>It is the recommendation of this Grievance Officer that the inmate's grievance be MOOT.</p>	
<div style="display: flex; justify-content: space-between;"> <div> <p>Kelly Pierce, CCIII - Menard Correctional Center</p> <p><small>Print Grievance Officer's Name</small></p> <p><small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small></p> </div> <div style="text-align: right;">  <p><small>Grievance Officer's Signature</small></p> </div> </div>	
<p style="text-align: center;">RECEIVED Chief Administrative Officer's Response</p> <p>Date Received: <u>NOV 05 2021</u> <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand</p> <p>Action Taken:</p>	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p><small>Chief Administrative Officer's Signature</small></p> </div> <div style="text-align: right;"> <p><u>11/4/21</u> <small>Date</small></p> </div> </div>	
<p style="text-align: center;">Offender's Appeal To The Director</p> <p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p><small>Offender's Signature</small></p> </div> <div style="text-align: center;"> <p><u>M-32519</u> <small>ID#</small></p> </div> <div style="text-align: right;"> <p><u>11/08/21</u> <small>Date</small></p> </div> </div>	

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Continued...

Angela Crain, HCUA, RN, BSN advised that per review of the individual in custody's medical records, the individual in custody was seen by NP Moldenhauer on 9/8/21. It is noted he does not have a rash at this time. The individual in custody was given an order for Benadryl x 1 month and referred to collegial for a Dermatologist evaluation approval. The offender was approved for a Dermatologist evaluation on 9/16/21. The offender signed a Medical Services Refusal for all offsite appointments so his medical hold could be lifted for a possible transfer. Due to a signed refusal, the individual in custody's appointment for an offsite Dermatologist evaluation has been cancelled. The HCU has not received a written request for Benadryl medication renewal since expiration of his medication on 10/7/21. The offender will be scheduled with NSC for medication renewal.

J.B. Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Lamar Anderson
ID#: M325-9
Facility: Menard

11/22/21

Date

This is in response to your grievance received on 11/15/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/18/21 Grievance Number: 236-10-21 Griev Loc: Menard

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Medical Treatment - 09/08/21- waiting to see Dermatologist - needs Benadryl cream

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.
- ☒ Other: Treatment is at the discretion of the IDOC physician. Follow proper protocol for medication renewal. Submit NSC for future medical concerns.

FOR THE BOARD:

DeAnna Kink
DeAnna Kink
Administrative Review Board

CONCURRED:

Rob Jeffreys
Rob Jeffreys
Director

CC: Warden, Menard Correctional Center
Lamar Anderson, ID# M32519

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

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